

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

523**Lobbyist's Registration Number****Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2435 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Coulon Christopher P
Last _____ First _____ MI _____2. BUSINESS PHONE (504) 544-77113. BUSINESS ADDRESS 2 Canal St. WTC Suite 2440 NOLA 70130
Street and No. _____ City _____ State _____ Zip _____MAILING ADDRESS _____
Street and No. _____ City _____ State _____ Zip _____

4. EMPLOYER _____

5. EMPLOYER'S ADDRESS _____
Street and No. _____ City _____ State _____ Zip _____

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No _____

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name The Port of South LouisianaAddress 171 Belletree Boulevard, Laplace, LA 70069Business or purpose Port New RepresentationDoes this person pay you? Yes

If No, who pays you? _____

 Terminated Representation as of _____

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Lobbyist's Registration Number

2. Name _____

Address _____

Business or purpose _____

New Representation

Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

New Representation

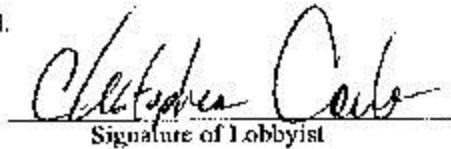
Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [L.S.A-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist